

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1955

State File No. **84416**

**4440**  
**3006**

Registrar's No. **248**

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>248</b>	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Renick</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Renick</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				e. STREET ADDRESS (If rural, give location) <b>0880</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gerald</b>			b. (Middle) <b>Louis</b>		c. (Last) <b>Spurling</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 8<sup>th</sup> 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Dec 6<sup>th</sup> 1952</b>		9. AGE (In years last birthday) <b>2</b>	If UNDER 1 YEAR Months <b>10</b> Days <b>2</b>	If UNDER 24 HRS. Hours <b>2</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <input checked="" type="checkbox"/>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Donald Spurling</b>			13b. MOTHER'S MAIDEN NAME <b>Alberta Lewis</b>		14. NAME OF HUSBAND OR WIFE <b>Donald Sp</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Donald Spurling, Renick, Mo</b> ADDRESS <b>Mo</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic Carcinoma of the lung</b> DUE TO (c) <b>Carcinoma of the Testicle</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>178X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b> <b>3 mos.</b> <b>19 mos.</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>Oct 5</b> , 1955, and that death occurred at <b>6:30P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert Harrison, M.D.</b>				23b. ADDRESS <b>109 N. 5<sup>th</sup> St. Moberly, Mo</b>		23c. DATE SIGNED <b>10/10/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-10-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chapel Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Clark, Mo</b>			
DATE REC'D BY LOCAL REG. <b>10-10-55</b>		REGISTRAR'S SIGNATURE <b>Robert Harrison 269-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thompson and Son Moberly, Mo</b> ADDRESS			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 27 1957

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Frank D. D. Witt*

Licensed Embalmer No. *302*

P. O. Address *Moberly*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.